

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45244

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: FRIENDS OF OSCEOLA CHILDREN, INC.

## Current Principal Place of Business:

TWO COURTHOUSE SQUARE  
SUITE 3400 - GAL OFFICE  
KISSIMMEE, FL 347-4 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 452377  
KISSIMMEE, FL 34745

## New Mailing Address:

FEI Number: 59-3093016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WANDEL, KATHY  
1410 RIVIERA DR  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MILLER, KAREN BUTLER  
Address: 2901 WILLOW OAK CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: S/D ( ) Delete  
Name: DALTON, JACKIE  
Address: 732 LOUISIANA AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: P/D ( ) Delete  
Name: WANDEL, KATHY  
Address: 1410 RIVIERA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: CRUTCHFIELD, SUSAN  
Address: 4345 REAVES RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete  
Name: WATERMAN, CHARLES  
Address: 207 E CEDARWOOD CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: TD ( ) Delete  
Name: SNIDER, LINDER  
Address: 12231 BRONSON WAY  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D (X) Change ( ) Addition  
Name: CRUTCHFIELD, SUSAN  
Address: 4345 REAVES RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STREIT, NANCY  
Address: 16 N ORLANDO AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition  
Name: FARAJI, MOHSEN  
Address: 10620 SPRING BUCK  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY WANDEL

P/D

04/15/2009

Electronic Signature of Signing Officer or Director

Date